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EXPRESS MAIL CERTIFICATE

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I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

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TECH CENTER 1600/2900



07278

PATENT TRADEMARK OFFICE

Name (Print)

Signature



DARBY & DARBY P.C.

805 Third Avenue
New York, New York 10022
212-527-7700

Docket No: 1225/1G584US2

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors): David BERD
125 Heathcock Lane
Wyncote, Pennsylvania 19095

Title: LOW DOSE HAPTENIZED TUMOR CELL AND TUMOR CELL EXTRACT
IMMUNOTHERAPY

including the items indicated:

1. Specification and 24 claims: 4 indep.; 20 dep.; _ multiple dep.
2. ☐ Executed declaration and power of attorney
☒ Unexecuted declaration and power of attorney
3. ☒ Formal drawings, 1 sheets (Figs. 1)
☐ Informal drawings, _ sheets (Figs.)
4. ☐ Assignment for recording to: Thomas Jefferson University

5. ☒ Small Entity Status claimed
6. ☐ Check in amount of \$____, (\$____ filing; \$0 recording)
(See attached **Fee Computation Sheet**)
7. ☐ Preliminary Amendment
8. ☐ Information Disclosure Statement
9. ☐ Please amend the description by inserting the following paragraph after the line containing the title on page 1:
"This patent application claims the priority of U.S. provisional patent application No. 60/180,258, filed on February 4, 2000, and 60/259,501, filed on January 3, 2001, which is incorporated herein by reference."

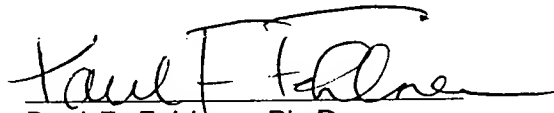
Priority is claimed for this application, corresponding application/s having been filed as follows:

Country:
Number:
Date:

The priority documents ☐ are enclosed
☐ will follow.

Date: February 1, 2001

Respectfully submitted,



Paul F. Fehlner, Ph.D.
Reg. No. 35,135
Attorney for Applicant(s)

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PATENT FEE COMPUTATION SHEET



	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$710.00
Total Claims	24 - 20	- 0 = 4	x \$18.00	\$72.00
Independent Claims	4 - 3	- 0 = 1	x \$80.00	\$80.00
Multiple Dependent Claims		- if so, add	\$270.00	\$0.00
<hr/>				
Surcharge for late submission of filing fee and/or declaration (\$130.00)				\$0.00
SUBTOTAL				\$862.00
[X] Small Entity REDUCTION (Half of Subtotal)				\$431.00
Fee for recordation of assignment (\$40.00)				\$0.00
Charge for filing non-English language application (\$130.00)				\$0.00
TOTAL				\$431.00